1: Nadel E-5 (1934-1936) 1942
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121 tion movement are to some extent methodologically of the same order. Both represent in certain respects 'data', given facts—factors external to the field of social phenomena which we investigate. Moreover, population movement and environmental conditions are inseparable from one another. Population movement reflects the effects of a complex of heterogeneous factors of which physical environment is one of the most important. It bears on possibilities and means of production, on nutrition, health, and livelihood in general.

But we shall also encounter the effects of other factors upon population movement, namely, specific 'cultural' factors—social and economic conditions, 'standards of living', moral concepts—and certain historical events which have influenced the distribution of population in Nupe country.

Birth-rate and Fertility

●163 842 The Nigerian Census places Nupe birth- and fertility-rate at the bottom of the scale.[1] The proportion of live children per mother among the Nupe is 1·8 (the Yoruba are the only other tribe with an equally low rate), as against an average for all tribes of 2·6, and a fertility-rate of 2·4 in the tribe with the next lowest figure. Fifty-eight per cent. of Nupe women in the age group 30–39 are sterile, as against the total average for Nigeria of 22·7, and the next highest sterility rate of 27·1 among the Yoruba. These figures contain certain inconsistencies, and leave certain relevant questions unanswered. Thus the rate of live children per mother is equal among Nupe and Yoruba, while the proportion of sterile women among the Nupe is exactly twice the corresponding figure among the Yoruba. This would imply that infant mortality among the Yoruba is twice as large as among the Nupe—which seems hardly probable. Moreover, the proportion of live children per mother does not indicate to what extent the low figure is due to still-birth, infant mortality, constitutional sterility or, possibly, birth restriction. Finally, the statistics ignore the sociologically most important distinction between rural and urban areas.

The last point can to some extent be answered indirectly. The following figures give the birth-rate of three Nupe towns and one district (Kontagora) which has a very large proportion of Nupe among its inhabitants. Though only approximate these figures are well worth quoting in this connexion as they refer to localities representing different degrees of urbanization: the purely urban area of Bida town side by side with the much less urbanized village-capitals of Agaie and Lapai Emirates.

TABLE III

	Birth-rate per 1,000
Bida town	12
Agaie town	36
Lapai town	27
Kontagora Division	26

[1] *Census of Nigeria*, i, p. 55.

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In the course of our investigation my wife and I attempted to ascertain further statistical data which could throw light on these points. They were obtained by the method of house-to-house investigation in three selected localities, in the villages Kutigi and Jebba Island, and in one town ward of Bida. The scale of this statistical research, carried out single-handed, was of necessity very limited. Nevertheless, certain significant facts could be ascertained (Tables IV and V).

TABLE IV

	Mothers (age group 30–40)	*Total children born*	*Children alive*	*Children dead*	*Births per mother*	*Live children per mother*
Villages	101	206	108	98	2	1·06
Town	144	230	126	104	1·5	0·8

TABLE V

		Children died at age of					
	Mothers	*Birth*	*1–2*	*3–5*	*6–8*	*9–15*	*Total*
Villages	101	29	25	27	8	9	98
Town	41	21	15	27	7	4	74

Table V shows, first, the distribution of infant mortality over different age groups. Infant mortality in the villages seems, on the whole, considerably lower than in the town, remarkably so at, or shortly after, birth and in the first five years of the infant's life. This seems in the main due to the spread of venereal infection in the town, and also to the effects of abortion and artificial birth restriction which, as we shall see presently, is practised in Bida. The highest mortality, both in urban and rural districts, occurs at the age of 3–5. This peak of mortality seems due primarily to malaria, which is especially fatal at this age.[1]

Table IV (examining a larger group from the urban area) attempts to establish a comparative birth-rate for urban and rural areas. For the low fertility-rate of the Nupe women in general two physiological explanations suggest themselves: first, reduced fertility may be the result of certain endemic or widespread diseases, such as sleeping sickness and gonorrhoea; or second, it may be the result of prenatal deficiency of vitamin E (a vitamin contained, for example, in palm-oil). The effectiveness of these two physiological factors cannot be denied.[2] However, the striking difference in the birth-rate of town and villages demands a different interpretation. The distribution of venereal diseases, definitely higher in the town than in the rural area, would fit into the picture. But of sleeping sickness rather the opposite is true; and the vitamin deficiency

[1] For this information, as for the other medical information in this chapter, I am indebted to Dr. M. Ellis, of the Nigerian Medical Service, who at the time was in charge of Bida N.A. Hospital.

[2] A study of diet among the Nupe has shown that the women's share of the daily meals (i.e. the meals cooked with palm-oil) is only about one-fourth of the men's share.

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should be less marked in the town, where rich food is the rule. Physiological factors are thus not sufficient to explain the low fertility-rate in Nupe. This is confirmed by the data of Table IV. For in the context of this table, which refers only to women who have had children and excludes sterile women, the difference in birth-rate precludes to some extent the explanation on the ground of constitutional sterility and suggests instead the influence of another factor: the existence of birth restriction in the town, in other words, the effects of *social* motives.

Nupe religion and morality, as we shall see later, emphasize very strongly the idea of progeny. Nevertheless, in the higher social strata, especially in Bida town, the women often prefer childlessness, or at least do not want more than one child. Childlessness opens to them certain economic opportunities of which women with children, or many children, cannot avail themselves as easily. The Bida women know how to bring about abortion, and even know the use of contraceptives—or rather of certain practices and drugs which are believed to work as contraceptives. Many of them are clearly mere superstitions and the expression of magical beliefs; whether certain drugs which one can buy (in the greatest secrecy) from medicine-men and barber-doctors are more effective, I am unable to say.[1] However this may be, sterility of the Bida women is, to speak with Durkheim, a typical 'social fact'. In our own terminology, it represents a typical case of that 'indirect' influence of environment which determines population movement, working through considerations of economic benefit and standard of living. And this influence becomes evident in our case not only as an abstract social trend, derived from statistical correlations, but still more in the form of conscious and tangible behaviour.

Sex Ratio

Statistical figures show a surprising fact: a marked preponderance of females among the adult population, but hardly any preponderance of females—indeed, in Bida town, the reverse relation—in the sex ratio of non-adults.

TABLE VI[2]

	Adults		*Non-adults*		*Females per head of male population*	
	Male	*Female*	*Male*	*Female*	*Adult*	*Non-adult*
Bida Emirate .	57,759	66,546	22,949	24,204	1·15	1·1
Agaie-Lapai Emirate . .	20,148	23,915	6,139	5,938	1·1	0·9
Bida town . .	7,714	11,602	3,240	2,675	1·5	0·8
Bida Emirate excl. of Bida town .	50,045	54,944	19,709	21,529	1·1	1·1

[1] The Nupe 'doctors' know two kinds of contraceptives: temporary contraceptives of a magical nature (e.g. a magical belt), and permanent contraceptives—powders which are taken internally. These drugs are considered 'evil', immoral medicines, but are made and sold all the same.

[2] *Census of Nigeria*, ii, pp. 176 et seq.